

**CITY OF BELMONT**  
**APPLICATION FOR BUSINESS LICENSE**  
**RENTALS FOR DWELLING PURPOSES**

Property Owner (s) Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Ownership: Sole Prop: \_\_\_\_\_ Partnership: \_\_\_\_\_ LLP: \_\_\_\_\_ Corporation: \_\_\_\_\_ LLC: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Federal I.D. No.: \_\_\_\_\_

**List Owners, Partners, Corporate Officers: Name, Home Address and Phone Numbers**

1) \_\_\_\_\_  
Name Home Address Phone

2) \_\_\_\_\_  
Name Home Address Phone

3) \_\_\_\_\_  
Name Home Address Phone

Please give Social Security #'s for Owners: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**ADDRESSES OF BELMONT APARTMENTS OWNED:**

1) \_\_\_\_\_ No. of Units \_\_\_\_\_ Parcel No. \_\_\_\_\_

2) \_\_\_\_\_ No. of Units \_\_\_\_\_ Parcel No. \_\_\_\_\_

3) \_\_\_\_\_ No. of Units \_\_\_\_\_ Parcel No. \_\_\_\_\_

4) \_\_\_\_\_ No. of Units \_\_\_\_\_ Parcel No. \_\_\_\_\_

5) \_\_\_\_\_ No. of Units \_\_\_\_\_ Parcel No. \_\_\_\_\_

Is property managed by someone other than owner(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

**Management Company Name:** \_\_\_\_\_

**Principal Contact:** \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION  
CONTAINED HEREIN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, ARE TRUE AND  
COMPLETE STATEMENT**

**SIGN HERE:**

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

**Make Checks Payable to:**      **City of Belmont**  
   **Finance Department/Business License Division**  
   **1070 Sixth Avenue, Suite 301**  
   **Belmont, CA 94002**  
   **650) 595-7436**

**FOR OFFICE USE ONLY:**

**BUSINESS LICENSE #:** \_\_\_\_\_

**FEE PAID:** \_\_\_\_\_